

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/666,872	
	Filing Date	September 18, 2003	
	First Named Inventor	David A. WEBER	
	Art Unit	3731	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	4	Attorney Docket Number	440882000820

ENCLOSURES (Check all that apply)

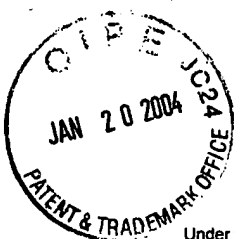
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Request for Withdrawal as Attorney or Agent (in triplicate) - 3 pages
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	2. Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 25226) Thomas E. Ciotti - 21,013
Signature	
Date	January 15, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 1/16/04 Signature: (Thao T. Pham)



PTO/SB/83 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number	10/666,872
	Filing Date	September 18, 2003
	First Named Inventor	David A. WEBER
	Art Unit	3731
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	440882000820

Commissioner for Patents
To: P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

This request is being made at the request of Oculex Pharmaceuticals, Inc.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ Customer Number

OR

☒ Firm or Individual Name Stephen Donovan (Allergan, Inc.)

Address Tower Two, Seventh Floor, 2525 Dupont Drive
City Irvine State California Zip 92612
Country
Telephone (714) 246-4026 Fax (714) 246-4249

- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

This request is enclosed in **triplicate** (including any attachments).

Name Thomas E. Ciotti
Signature *Thomas E. Ciotti* Registration No. 21,013
Date January 15, 2004

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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Dated: 1/16/04 Signature: *Thao T. Pham* (Thao T. Pham)